

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09-889171	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/	/	/				51						
2	/	/	/				52						
3	/	/	/				53						
4	/		/				54						
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10	/						60						
11	(1)		(1)				61						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		2				TOTAL IND.						
TOTAL DEP.	12	12	8	8			TOTAL DEP.						
TOTAL CLAIMS	14			10			TOTAL CLAIMS						

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